STATE OF	F MARYLAND-	CERTIFICATE OF DEATH	274
1. PLACE OF DEATH		(82-0)	VIX
County Doub	sho,	Registration Dist. No	14
Village or City Congre	my my	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where de		ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Julya	Elizante as	Lame If U. S. Veteran, specify WAR	
(a) Residence: No.	0	St., Ward.	
	(Usual place of abode)	If nonresident give city or town as	d State
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE		21. DATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	July 20	., 193 6
5e. If married, widowed, or divorced	Washing	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Oshing	adam-	22. I HEREBY CERTIFY, Thet I attende	d deceased from
/ n	151070	Jeel 18 ,1936, to Jack 19	, 19,34-
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS then	to have occurred on the date started above, A) 22.00 m.	.; deeth is said
15 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance	
8. Trade, profession, or perticular	0 ormin.	were es follows:	Date of enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	tusuft		10
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		/ /	
SAW MILL, BANK, etc	11. Total time (years)		
o this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	n-0 /	Other Contributory Canses of importance:	
(State or country)	md		
TI 13. NAME	relly		
14. BIRTHPLACE (city or town)	romalle,	Name of operation Dete of	
(Stete of country)	md	What test confirmed diagnosis? Was there en	eutopsy?
15. MAIDEN NAME Sarahneon	religitedams	23. If death was due to external ceuses (VIOLENCE) fill in elso the following	ng:
16. BIRTHPLACE (city or town)	Namelle	Accident, suicide, or homicide? Dete of Injury	, 19
(State or country)	0 100	Where did injury occur? (Specify city or town, county and S	ate)
17. INFORMANT (Address)	Many	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC F	LACE.
18. BURIAL, CREMATION, OR REMOVAL	mage in	Manner of injury	
Place Lambage med.	Date July 22, 1936	Nature of Injury	
19. UNDERTAKER STUARS	· alburgh.	24. Wes disease or injury In any wey releted to occupation of deceased?	200
(Address) Cam	rda me.	If so, specify	
20, FILED July 22, 1936 Jms	It I leusick	(Signed) O. H. Januar	M. D
1 1	Registrar.	(Address) Cameradae L	40

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	* Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
IN REAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Dorchester Village or City Cambridge No. 230 High Street St. Ward Length of residence in city or town whare death occurred. X yrs x mes. 6. Now long in U.S. if of foreign birth. yrs mes.	1.	PLACE OF DEATH			<u> </u>	
Village or City. Cambridge No. 230 High Street St. Ward Langth of residence in city or town where death occurred X yrs mes. ds. How long in U.S. if of foreign birth yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds. Ward. 2. FULL NAME. Stillborn Anderson (a) Residence: No. Cambridge, Maryland St. Ward. Countypiece of shock) Ward.		County Dorchester	WITHIN COR	PORATE LIMING	Registration Dist. No. 116	
Langth of residences in city or town where death occurred X yx		Village or City Camb	ridge		230 High Street	Vard
2. FULL NAME Stillborn Anderson (a) Residence: No. Cumbridge, Maryland St., Ward. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Fenale Color or RACE		land desired	X	- X. (H	death occurred in a hospital or institution, give its NAME instead of street and number)	ratu
(a) Residence: No. Cambridge, Maryland St., Ward. Color of Race Color of School School Color of Bully Single		CT		yrs,mos	yrsmos	ds.
PERSONAL AND STATISTICAL PARTICULAS 3. SEX	2.	FULL NAME	TITOUTH	Marylar	d .	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female 4. COLOR OR RACE Female 5. SINGLE MARRIED, WIDOWED, OR DIVERCED (write the word) Single 2. I MARTING Widowed, or divorcad (or) WIFE of Single 2. I HEREBY CERTIFY. That I standed deceased from (Nonth) (Dey) (Year) 6. DATE OF BIRTH (month, day, and year) July, 1st, 1936 7. AGE Years Months Stillborn Days If LESS than I day, hrs. or. min. 8. Trada, profassion, or particular kind of work dome, as SPINNER. None Stillborn At The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows: 8. Trada, profassion, or particular kind of work dome, as SPINNER. None Stillborn & Cause of Death and ralated causes of importance ware as follows: 8. Trada, profassion, or particular kind of work dome, as SPINNER. None Stillborn & Cause of Death and ralated causes of importance ware as follows: 8. Trada, profassion, or particular kind of work dome, as SPINNER. None Stillborn & Cause of Death and ralated causes of importance ware as follows: 8. Trada, profassion, or particular kind of work dome, as SPINNER. None Stillborn & Cause of Death and ralated causes of importance ware as follows: 8. Trada, profassion, or particular kind of work dome, as SPINNER. None Stillborn & Cause of Death and ralated causes of importance ware as follows: 9. 45 A. Cause unknown Stillborn &		(a) Residence: No.				
3. SEX Fenale colored single single 2. DATE OF DEATH July, 1st 1936 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBADD of (or) WIFE of Single 2. I HEREBY CERTIFY, That I attanded deceased from Not at all 19 death is sald to have occurred on the date stated above, at Stillborn at Stillborn at 1 day, min. 8. Trada, profassion, or particular hind of work doma as SPINNER, SAWYER, BOOKKEPER, atc. work was down, as SIK MILL, X Caude unknown 10. Date deceased last worked at worked at worked at worked at work was down, as SIK MILL, X Caude unknown 11. BIRTHPLACE (city or town) (State or country) Maryland. 12. BIRTHPLACE (city or town) (State or country) Maryland. 13. NAME Preston Anderson 14. BIRTHPLACE (city or town) (State or country) Maryland. 15. MAIDEN NAME Georgia Robson 16. BIRTHPLACE (city or town) (State or country) Maryland. 17. INFORMANT Preston Anderson 17. INFORMANT Preston Anderson 18. Cambridge, Maryland.	24 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	PERSONAL AND STATISTIC				
Sa. If married, widowed, or divorced HUSBAND (Month) (Day) (Year)		4. COLOR OR RACE	5. SINGLE, MARE	RIFD, WIDOWED,		
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Single		Fenale colored			July, 1st 193 6	
6. DATE OF BIRTH (month, day, and year) July, 1st, 1936 7. AGE Years Months Stillborn Days If LESS than 1 day. hrs. or. min. 8. Tracka, profession, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEPER, atc. None Stillborn A SWYER, BOOKKEPER, atc. None Stillborn Book Mill, Balk, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Cambridge, State or country) Maryland. 13. NAME Preston Anderson Peals Island, SIRTHPLACE (city or town) Citate or country) Maryland. 14. BIRTHPLACE (city or town) Deals Island, SIRTHPLACE (city or town) Scales Island, SIRTHPLACE (city or town) Maryland. 15. BIRTHPLACE (city or town) Deals Island, State or country) Maryland. 16. BIRTHPLACE (city or town) Deals Island, State or country) Maryland. 17. INFORMANT Preston Anderson Cambridge, Maryland. 17. INFORMANT Preston Anderson Cambridge, Maryland. 17. INFORMANT Preston Anderson Cambridge, Maryland. 18. BIRTHPLACE (city or town) Cambridge, Maryland. 19. Ilast saw h. aliva on Not at all 19. Seath is said to have occurred on the date stated above, at Stillborn at the said on Not at all 19. Seath is said to have occurred on the date stated above, at Stillborn at the said on Not at all 19. Seath is said to have occurred on the date stated above, at Stillborn at the said on Not at all 19. Seath is said to have occurred on the date stated above, at Stillborn at the said on Not at all 19. Seath is said to have occurred on the date stated above, at Stillborn at the said on Not at all 19. Seath is said to have occurred on the date stated above, at Stillborn at the part of the ware as follows: Stillborn A SWIER, BOKKEPER, And Not at all 19. Seath is said to have occurred on the date stated above, at Still Information Not at all 19. Seath is said to have occurred on the date stated above, at Still Information Not at all 19. Seath is said to have occurred on the date stated above, at Still Information Not at all 19. Seath is said to have occurred on the date stated above, at Stil	5a. 1f	married, widowed, or divorcad	DITTELL		(100)	
ACT AT ATT 19			rle		22. I HEREBY CERTIFY, That I attanded deceased	from
7. AGE Years Stillborn Days If LESS than 1 day brs. or. min. 8. Trada, profassion, or particular kind of work done as SPINNER, SAWYER, BOOKKEFER, atc None SAWYER, BOOKKEFER, atc SAW MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and years)				7.076	27 . 4 2 2	
Stillborn 1 day. hrs. or min. Note Stillborn 1 day. hrs. or min. Stillborn 1 day. hrs. or min. 1 day. hrs. or min. hrs. or min. 1 day. hrs. or min. hrs.			1		and the second s	sald
State or country Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE State or country Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE State or country State or country Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE State or country State or country State or country Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE State or country	· Au	- Inditting	Days			Δ
Stillborn-8 months Stillborn-8 months Stillborn-8 months Caude unknown Caude unknown Stillborn-8 months Caude unknown Caude unknown Caude unknown Caude unknown Caude unknown Caude unknown Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town).	1		1	ormin.	ware as follows:	_
Cambridge, Other Centributory Causes of Importance:	NO	kind of work dona, as SPINNER.	None		Stillhorn- 8 months	
Cambridge, Other Centributory Causes of Importance:	PAT	Industry or business in which	X			
Cambridge, Other Centributory Causes of Importance:	חבר ב					
Other Centributory Canses of Importance: 12. BIRTHPLACE (city or town)	8 1	this occupation (month and	spani	in this		
(State or country) Maryland. 13. NAME Preston Anderson 14. BIRTHPLACE (city or town) Peals Island, (State or country) Maryland. Name of operation None Date of What tast confirmed diagnosis? Clinical Was there an autopsyston What tast confirmed diagnosis? Clinical Was there an autopsyston 15. MAIDEN NAME Georgia Robson 16. BIRTHPLACE (city or town) Peals Island, (State or country) Maryland. Maryland. 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occurr? Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE (Addrass) Cambridge, Maryland.					Other Contributory Causes of Importance:	
13. NAME Preston Anderson	12. B1					
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Georgia Robson 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Preston Anderson (Addrass) 18. BIRTHPLACE (city or town) 19. Maryland 20. Name of oparation What tast confirmed diagnosis? Clinical Was there an au'opsyloo What tast confirmed diagnosis? Clinical Was there an au'opsyloo What tast confirmed diagnosis? Clinical Was there an au'opsyloo What tast confirmed diagnosis? Clinical Was there an au'opsyloo What tast confirmed diagnosis? Clinical Was there an au'opsyloo What tast confirmed diagnosis? Clinical Was there an au'opsyloo 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Addrass) Cambridge, Maryland.	œ1.	Drag - trans Ass		ar. Arana.	(v) 15.	
What tast confirmed diagnosis? OIIIICAI Was there an au'opsy? O 23. If death was dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Deals Island, (State or country) Maryland, 17. INFORMANT Preston Anderson (Addrass) Cambridge, Maryland. What tast confirmed diagnosis? OIIIIICAI Was there an au'opsy? O 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	밀ᆜ				7.7	
What tast confirmed diagnosis? OIIIICAI Was there an au'opsy? O 23. If death was dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Deals Island, (State or country) Maryland, 17. INFORMANT Preston Anderson (Addrass) Cambridge, Maryland. What tast confirmed diagnosis? OIIIIICAI Was there an au'opsy? O 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	FA 1	I. BIRTHPLACE (city or town)			C 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Where did injury occur? 17. INFORMANT Preston Anderson Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Addrass) Cambridge, Mary Land.	-	(otate or edulity)		a. •	What tast confirmed diagnosis? Clinical Was there an au'opsy?	0
Where did injury occur? 17. INFORMANT Preston Anderson Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Addrass) Cambridge, Mary Land.	뿔	1)		5.0		
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17. INFORMANT 11 CS USIT WHITE SOIL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Cambridge, Mary Land.					(Specify city or town county and State)	
	17. IN			nd	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	18. BU	RIAL CREMATION, OR REMOVAL			Manager of total	
Placa Cambridge, Nd. Date 7/2/36 Mannar of injury Nature of injury		Placa Cambridge, Md.	Date 7/2	2/36		
Homers A Vodoms		Harry A.	Voderv			
19. UNDERTAKER Cambridge, Maryland. 24. Was disease or injury in any way related to occupation of decaased? no if so, spacify so, spacify	19. UN			and.	220	
(Signed) Stolling works) M.D.	00.5	and and	200	0		v D
20. FILED 7-1-1736, 19 Registrar. (Address) Cambridge, Maryland.	20. FI	-1-1-1-36, 19		Registrar.		п. Б.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
The second secon	July 5,1927	Peritonitis	3 days ago
AUG 4 S.			
Other contributory causes of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 7276
1. PLACE OF DEATH		93-2
County Hersbuster		Registration Dist. No. ///
	rus	
Village or City	(1)	NO. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat	h occurredyrsmos	s.,ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Welter	1 Baker	
		Ct. Ward
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ar) WIFE of	aker	22. I HEREBY CERTIFY. That 1 attended decaased from 11. 193, 5 to 2 way 28, 1936
4.1	17 1000	11 - 2 = 2
6. DATE OF BIRTH (month, day, and year)	1 1881	I last saw h. alive on g. 1936; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
3/ 3	// ormin.	were as follows:
8. Trade, profession, or particular	A 51 0	Mehronic Myo cardises
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	buy reach	+ Bruchief asthma
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	
12, BIRTHPLACE (city or town)	180 /	Other Contributory Canses of Importance:
(State or country)	Jork	
13. NAME Falter 14. BIRTHPLACE (city or town)	Beker	
4 14. BIRTHPLACE (city or town)	51	Name of operation Date of
(State or country)	H	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAM COMME	fruth.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	0	Accident, suicide, or homicide? Dale of Injury19
(State or country)	/ ,	Where did injury occur?
Havel Of	20	(Specify city or town, county and State)
17. INFORMANT (Address)	Itas M	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 10 6	Manage of Johnson
Plantest hum Market	Oate 2243/ 1936	Manner of Injury
5/3/3/10	fal his	Nature of injury
19. UNDERTAKER	A let	24. Was disease or injury in any way related to occupation of deceased?

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Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

|--|

STATE OF MARYLAND-CERTIFICATE OF DEATH

7277

1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. // 6
	D control la D
Village or City (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where seath occurred	of the long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME malia Osam	Wod
(a) Residence: No. 201 Mashinather	36. T 2 Ward.
(Usual place a shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Memale alard Sugar	edt tree (Month) (Day) (Year)
HUSBAND of	22. H) I HEREBEY OF R.T. I Y That I attended deceased from
(or) WIFE of ASCROOL GULL	Treamy of 19 MA CHAMADI
6. DATE OF BIRTH (month, day, and year) Web-12/926	lastisaverticas alive of the lastisaverticas alive of the last saverticas
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 19 1000
10 5 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and Telated causes of Importance were as follows
8. Trada, profession, or particular	Be Collection Days of offset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carbollis wind ()
9. Industry or business in which work was dona, as SILK MILL,	Thoran word na boot involved tiles 1676
SAW MILL, BANK, etc	Dirl was in bothing got out to fare and
this occupation (month and we spant in this wo yaar)	next shown. Was purely occidental.
Can lead 1	Other Contributory Causes of importance.
12. BIRTHPLACE (city or town) (Stata or country)	in 16 0 5 16 16 16 16 16 16 16 16 16 16 16 16 16
13. NAME Surell on oils com	arbone Torone
m (cl.)	Name of operation alone Mate of Lone
14. BIRTHPLACE (city or town) (State or country)	What test confirmed allegides or a North Was that an autopsy?
15. MAIDEN NAME Rodah Baissin	23. If death was due to external causes (YIQUENCE MINIMALS the following:
16. BIRTHPLACE (city or town) Much	Accident quicide, or homestant Clause and of injury
(State or country)	When old injury occur? Description
17. INFORMANT Rada Calle Barne	Specify city or town, county and State Specify whether injury occurred it NDUSTRY, in 110 ME, or in PUBLIC PLACE.
(Address) Camberdial rid	To Mahlaghanne
18. BURIAL, CREMATION, OR REMOVAL	Mannado njury
Placa Cambudgesia NVV 19.36	Nature of Injury Day
19. UNDERTAKER Levins H. Barn	24. Was diseasa or injury invany way related to occupation of deceased?
(Address) ambludtyl nd	If so, specify
20, FILED 7-18 1936 Only mase 96	(Signed) Fred H Adams ass. C. M.D.
Registrar.	(Address) Q Q Q
If more Planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Heguesting V.S. No. 1.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows: CEIVE. Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis AMG 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7278
	1. PLACE OF DEATH	90
1	County Dorchester.	Registration Dist. No. 115
	Village or City Cambering	No castern Thank thate Ho start Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME Ilma Vorought	If U. S. Veteran, specify WAR
	(a) Residence: Notarleville Receif Roun	Ward. If nonresident give city or town and State
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 Th 193 6
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	(or) WIFE of Wm. & Broughton	22. WHEREORY CERTIFY, That I attended deceased from
9	6. DATE OF BIRTH (month, dey, and year) Abril 26-/882	I last saw h. et alive on July 47 1, 193 6; death is said
certificate	7. AGE Years Months Days If LESS then	to have occurred on the date stated above, a 12.5 A.T.
ertii	54 2 8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
of c	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rando a Desar Did o
back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation Amonth and spent in this spent in this	mon T
	SAW MILL, BANK, etc	ogs.
s on	this occupation month and year)	b
instructions	12. BIRTHPLACE (CRY OF 10WD) Milesburg	Other Contributory Causes of importance:
ruci	(State or country)	
inst	II 13. NAME Learn W. Sampbell	
See	13. NAME Tear a W. Tank Well 14. Berthplace (city or town) — Miles Well (State or country)	Neme of operation Dete of
	(State of country)	Whet test confirmed diagnosis? Was there en autopsy?
ant	15. MAIDEN NAME SOLD TO THE STREET OF THE ST	3). If death was due to externel ceuses (VIDLENCE) fill in also the following:
oort	Stete or country)	Accident, sulcide, or homicide?
important.	8 + PD . III Was and	(Specify city or town, county and State) Secify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	17. INFORMANT CALL THE CALL TH	
is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Z	Place Tamachine Taple parky 1 , 1936	Neture of injury
TION	19. UNDERTAKER a. J. burn to lon.	24. Was disease or injury in any way related to occupation of deceased?
1	(Address) January Pa	If so, specify
()	20. FILED 6 , 1936 Joles Macel	(Signed) (Address) M. B. (Address)
	The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 4 1999	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•
	-		. The



WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

STATE OF MARYLAND-	CERTIFICATE OF DEATH 7279
1. PLACE OF DEATH	93.C
County Doctume LITHIN CORPORATE THE	Registration Dist. No.
	MD BYM Y CLUMAN St., 5 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmore	sds. How long in U.S. if of foreIgn birth?yrsmosds.
2. FULL NAME / Mo Kate Groadus	If U. S. Veteran, specify WAR
(a) Residence: No. 116 Robbins SV. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a/Jt married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of COT) WIFE of Leukenown	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) December 25, 1858	1) ast saw har alive on 27 1, 1926; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.13 A.m.
77 6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protession or particular	Cardity Date of proceedings
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the second in this period in the peri	
SAW MILL, BANK, etc.	-
This occupation (month and) 2 2 2 3 spont in this 2	
year) (Jeene - 1900 occupation After	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)	-
13. NAME Ephrum (Moms)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GURNAUM	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Tred warms for Jane	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place There of Date July 29, 123	Nature of injury.
19. UNDERTAKER J. B. Willoughly	24. Was disease or injury In any way related to occupation of deceased?
(Address) Techlology	If so, specify
20. FILED 1-28, 1936 John Frace ?	(Signed) (Address) (Address) (Address) (Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 4 1936			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	·Y	1
inf	st	CUP	1
Jo 1	plnc	000	
iten	sh	Jo	
ery	NS	ant	
Ev	CIA	teme	
ED.	YSI	sta	
300	PH	act	
RE	Υ.	EX	
LUE	LL	.pe	
ANI	CJ	sife	
RM	XA	clas	
PE	E	rly	ate
A CO	ate	obe.	rtifi
SIS	st	id a	f cel
LHI	d be	y be	k of
J	loul	ma	bac
N	B	t it	on
NG	AG]	tha	ions
\DI	d.	, so	ruct
NF	plie	rms	insti
U	dns	n te	ee i
III	ılly	plai	
M.	reft	I in	tani
T.Y	e ca	ATE	rodu
AIL	q PI	DE	y in
PI	hou	OF	Ver
ITE	n s	SE	SI IS
WR	natic	AU	IOI
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	III	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Z		(1

5 TATE OF MARYLAND—	CERTIFICATE OF DEATH 7280
County Morahester,	
	Registration Dist. No. 160
Village or City decrease (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where daath occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Harry & Conslar	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BIVORCED (write the word) Whete Valouves	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If marriad, widowed, or divorced HUSBANO of (ar) WIFE-of Warret Oustable	22. I HEREBY CERTIFY, That I attended deceased from 26, 1938, to Quality 26, 1936
6. DATE OF BIRTH (month, day, end year) april 21 1856	I last saw harmalive on Joseph 26 , 19.3 C death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 35 m.
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:
8. Trade, profassion, or perticular kind of work dona, as SPINNER, Merchant	Quadral Men
Industry or business In which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
- P Spentin this	
year) occupation	Dther Contributory Causes of Importenca:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	Whet test confirmed diagnosis? Wes there an eutopsy? West here an eutopsy?
E 0.	23. If death was due to extarnal causes (VIOLENCE) fill In also the following: Accidant, sulcide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Leider Constatle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Zeuloak	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Deta Very 77, 19.3	Nature of injury
19. UNDERTAKER & B Wallots gifely (Address)	24. Wes disaasa or Injury In any way related to occupation of decaasad?
20. FILED July 28, 1936 Kas. W. Hasting	(Signad) L. F. Turner M. O. (Addrass) Lucila City Trade,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example	I amount of the same of the sa	7	Example II	No.
The principal cause of death and in of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Q 100A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE	OF DEA		WITHIN	PAPORATE LIMI	(3)	
	County		Dorchest	ər	ONA IS CIMI	Registration Dist. No. //6	
	Village	or City C:	ambridge 1	Maryland	Hospital	No. St. War	d
		, , , , , , , , , , , , , , , , , , , ,			/	death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length	r residence in ci	ty or town where de	eath occurred	yrsbmos	ds. How long in U.S. if of foreign birth?yrsmos,d	S.
2	. FULL	NAME.	Clety	Ju /	-am	msh.	
	(a) Res	sidence: No	and	My Sual place o	Post of	feste Ca Ward. Or of Il pointerident give city or town and State	
	PERS	ONAL AN	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CERT/FICATE OF DEATH	-
	SEX Female	4. COLO	R OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH 3 3.6	_
		10	icana	1-3	igh	(Month) (Day) (Year)	
5a.	HUSBAND	vidowed, or divo	rced	sin	roll	22. A HEREBY CERTIFY, That i attended deceased fro	
	(or) WIFE	OT		Jan English		Xelue 29 36 to Kily 3 1936	
6. 1	DATE OF BI	RTH (month, day	y, and year) Dec	23, 193	1) Tast saw h allve on, 19; death is sa	id
	AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at $\frac{1:30}{\text{A}}$.	
		1	6 mo.	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade,	profession, or pa	articuler			Date of onse	it
01	SAV	of work done, VYER, BDOKKEE	PER, etc.		None	Malnutolion !	
OCCUPATION	9. Industr	y or business in k wes done, as S V MILL, BANK, o	Which		None		
CC		V MILL, BANK, e eceased last wor		11. Total tir		acute trekets !	
ŏ	this	occupation (mo	nth and	spen	t in this		
	,,,,	/			,41011 2222222	Other Coutributory Causes of importance:	
12.		E (city or town) r country)	M	laryland		- To said	
œ	13. NAME	2	Pa				
FATHER	13, NAME		in	un_		woul	
FAT		LACE (city or to	own)			Name of operation	
~	15. MAIDE		nna May (Cornigh		What test confirmed diagnosis? Was there an eulopsy?	
MOTHER	15. MAIDE	NAME 4	unia may	OTHIBIT	0	23. if death was due to external causes (VIDLENCE) fill in also the following:	
MO		LACE (city or to	wn) Cere	eur, 2	2 0	Accident, suicide, or homicide?	
	(30	,	1	2	cara.	Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT (Addres		en. 2	ay 4	merk	Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CR	EMATION, OR R		mula o	2 3/	Manner of injury	
	Place	un	Levy.	Date Gele	3,1,36	Nature of injury	-
19.	UNDERT AKI		ing Hy	Zous	le de la constante de la const	24. Wes disease or injury in any way related to occupation of deceased	
20.	FILED 7		36 97	con I	Registrar.	(Signed) (Address) A subtract Mel	D.
			If more b	lanks are needed, ac		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MIG 4	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND	CERTIFICATE OF DEATH
Stat	1. PLACE OF DEATH	
ould sta	County Outher take	Registration Dist. No. // 6
-	Village or City Angle of City	H/No. St., Ward
0	C., (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
NS ent	Length of residence in city or town where death occurred A fig. mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
CIA	2. FULL NAME Dany Il	If U. S. Veteran, specify WAR
PHYSICIANS act statement	(a) Residence: No. Caub that we (Usual place of goods)	Ust., R. 750 and . If nonresident give city or town and State
ct ct	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
×. H	Mal Calculation OR DIVORCED (write the word)	July 2 9 1 193 9
T.I.	5a. If married widowad or divorced	(Month) (Day) (Year)
Sig	HUSBAND of Corn WIFE of Corn WI	12 THEREBY CERTIFY, That i attanded decoded from
X A	and Comme	March 5 40 Ja 19 July 25 ., 19 36
	6. DATE OF BIRTH (month, day, and year) July 27 1879	i last saw h alive on alive on 1936; death is said
stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
rop	5 7 1 ormin.	ware At follows:
	8. Trada, profassion, or particular kind of work done as SPINNER	more farmen o
be be	kind of work done, as SPINNER, falule	Heart desers o March
may back	Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	15
	(1) The Oate deserged last worked at (2) A 11 Total time (vector)	43
40	this occupation (month and year) year) occupation occupation	9
AGE that ions o	Dlack wasta	Other Contributory Causes of Importanca:
so	12. BIRTHPLACE (city or town) (12 CO) (Stata or country)	Throng Ingles
ied ns, stru	# 13. NAME Mrilian Ralysh	alseral 25kg
efully supplied. AGF in plain terms, so tha ant. See instructions	II IS. NAME TO COCOLOGICAL TO COCOLOGICA TO COCOLOGICA TO COCOLOGICA TO COCOLOGICA TO COCOLOGICA TO COCOLOGICA	9
su in t	14. BIRTHPLACE (city or town) M	Name of operation
lly	(State of Country)	What test confirmed diagnosis Was there an autopsy 21.
be carefull EATH in pl important.	15. MAIDEN NAME Salvah Canfell 16. BIRTHPLACE (city or town) MOSTATE OF COUNTY)	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
Car TH orta	o 16. BIRTHPLACE (city or town)	Accident, suicide, or homiotide? Date of Injury
AT m p	S (State or country)	Whara did Injury occur? (Specify city or town, county and State)
	17, INFORMANT Lasyl Calmity	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
should OF D	(Addrass) Canbridge 4 fd	17010
	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
mation s CAUSE TION is	Place Mark No. 19 Data Market 193 W	Nature of injury.
CAUS TION	19. UNDERTAKER Lems HOgary	24. Was disease or injury in any way related to occupation of deceased
EOF	(Address) Camber dal nd	If so, spacify 1500 pm
(3)	20 FILED 7-28 1936 Rober mace Ox	(Signed) M. O.
(T)	Registrar.	(Address)
	If more Nanks are needed, address State Registrate	2418 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II	
The principal cause of importance were	of death and related eauses as follows: RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year
			Special Control of the Control of th	Energy Control

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registrations Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead Langth of rasidance in city or town where death occurred How long In U.S. if of foreign hirth? If U. S. Veteran, specify WAF (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH CO (Month) (Day) (Yaar) 5a. II married, widowad, or divorced HUSBAND of 22. Y. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months f day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date dacaasad last worked at ff. Total tima (yaars) this occupation (month and spant in this occupation _____ Other Contributory Causes of Importance: 12. BfRTHPLACE (city or town (Stata or country) FATHER f 4. BIRTHPLACE (city or town) Name of operation. (State or country What tast confirmed diagnosis?_____ Was there an autopsy?_ MOTHER 15. MAIDEN NAME GE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury____ 16. BIRTHPLACE (city or town Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMAN (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury _ Nature of injury. 24. Was diseasa or injury in any way ralated to occupation of decaased? 19. UNDERTAKER (Address) If so, specify

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass)

Maryland

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Chronic interstitial nephritis AUG	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Language 17 kg	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

7284

County State of City State of State of County State of State of County State of Stat	,	1. PLACE OF DEATH	(97)
Village or City		County Archester	Registration Dist. No. 1/8
Length of residence la city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Local place of shocks (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (f) Local place of shocks (f) Local place of shocks (e) Residence: No. (f) Local place of shocks (f) Local place of shocks (g) Residence: No. (h) Local place of shocks (h) Local place of shock			Neastern there state North Ward
2. FULL NAME (a) Residence: No.		(if	
(a) Residence: No. (but place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIER, WIDOWED, OR DIVORCED (cris flow wdg) Sa. If married, widowed, or divorcests MUSEARD or (not with form) 5. ALT OF BIRTH (month, day, and year) 4. Color or RACE S. SINCLE, MARRIER, WIDOWED, Or or But with the control of the widowed, or divorcests MUSEARD or (not with form) 5. ALT OF BIRTH (month, day, and year) 4. Color or RACE S. SINCLE, MARRIER, WIDOWED, OR DIVORCED (cris flow wdg) 5. ALT OF BIRTH (month, day, and year) 1. Sex Months 1.		Length of residence in city or town where death occurred	ds. How long in U.S. if of foraign birth?yrsds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON DIVORCED (with the weld) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Honority) Sai, It murried, windowed, or divorced (on White of or Sai, Sai, Sai, Sai, Sai, Sai, Sai, Sai,		2. FULL NAME Irving penning	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wide) So. If married, widowed, or divorcast ORD DIVORCED (write the wide) So. If married, widowed, or divorcast ORD DIVORCED (write the wide) So. If the married, widowed, or divorcast ORD DIVERS (write the wide) So. Indeed (write the wide) So. Indeed (write the wide) So. Indeed (write the wide) So. DATE OF BIRTH (month, day, and year) So. Date of month, day, and year) So. Date of BIRTH (month, day, and year) So. Date of BIRTH (month, day, and year) So. Date of BIRTH (month,		(a) Residence: No. 91). Sevellvelly	
3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED 6. DATE OF BIRTH (month, day, and years and copy by Fe of co	-		
Sa. If married, widowed, or divorced (Year) Sa. If Last sand (Institute on.) If LESS than In Last (Last or country) Sa. If Less than In Last (Institute on.) It less task (Institute	3		
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Trade profession, or particular Note that the profession of particular this occupation of the profession of the profess	5	a. If marriad, widowed, or divorcad	(Month) (Dey) (Year)
7. AGE Years Months Days If LESS than I day,hrs. orhrs. or			22. WHEREBY CERTIFY, That I attended deceased from
7. AGE Vers Months Days If LESS than I day,hrs. orhrs. or	-	0 100 21 2 19/2	august 19 19 04, 10 flety 1911 19 3 (
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Plage of pital Process Date July 201936 19. UNDERTAKER Trank tellburger (Address) Cambridger 24. Wes disease or injury in any way related to occupation of daceased? The lift so, specify (Signed) Cambridger 20. FILED 7-20 136 Phase March Registrar, Address) Cambridger M. D. Registrar, Address) Cambridger M. D.	ery		web 4
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A to to	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(40.)
S P P S	County Downson	Registration Dist. No. 115
. 5 2	Village or City Caldun 1400	NoSt., War
- = 0		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Q = Q'	1
(D. Every YSICIANS statement	2. FULL NAME Olimbrefuld U	Mf U.S. Veteran specify WAR.
CALD. Every PHYSICIANS	(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
E PH to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC. PH Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T Z Z	maer w. OR DIVORCED (write the word)	29, 193 6
NDING RMANEN X A C T J	5a. If married, widowed, or divorced HUSBAND of	(Day) (Year)
BINDIN FERMANY EXACT y classifie	(or) WIFE of -m5-unfant	22. HEREBY CERTIFY, That I attended daceased fro
	6. DATE OF BIRTH (month, day, and year) has 28-1956	I last saw h. Ann. alive on July 7. 7 19. 3 L. death le sa
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR IS A I stated proper ertifica	1 day, 14_ hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
- 70	9 Frade profession or partiaular	Date of onse
ED HIS be be be of of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caklinsia
NK-T should it may n back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Meandown We 28
RESERVED G INK—THIS GE should be that it may be ans on back of	U 10. Date deceased last worked at 11. Total time (vers)	0.77
RES IG II AGE that	this occupation (month and spant in this occupation occupation	
Z	12. BIRTHPLACE (city or town). Qolden 12	Other Contributory Causes of importance:
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MARGJ UNFA supplied n terms, ee instru	II 13. NAME Cour Gislield Elsen	The state of the s
D H to	13. NAME City or town) Christian Great	Name of operation
1 1 1 1 1	(State of country)	What test confirmed diagnosis? Was there an autopsy?_ \
PLACK, WIT hould be carefull OF DEATH in pl	15. MAIDEN NAME Dodly Conclus Keen. 16. BIRTHPLACE (city or town). Sydeden H. 11	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
car TH orts	0 16. BIRTHPLACE (city or town) Calledon H W	Accident, suicide, or hombeida? Date of Injury, 19
ALY, Id be cal DEATH y import	Totale of country)	Where did injury occur? (Specify city or town, county and State)
LA Did Did Ty	17. INFORMANT Doz otty Say (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
	Place Golden Hill my Date July 27, 1936	Manner of injury
WRITE mation s	d 6 8 ()-)	AA W. J.
0	19. UNDERTAKER (Address) Golden Wiel had	24. Was disease or injury in any way related to occupation of deceased?
S S S	20 FILED July 29 1934 James W. hre ade	(Signed) Ando W' head
Þ Z	20. FILED July 29 , 1936 Amis W. Meade	(Ardres) Tipling arele me
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

r RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE	mation sh	CAUSE 0	TION is

V. S. No. 1 N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 7286
1. PLACE OF DEATH	(120)
County Dorehester	Registration Dist. No. / / G
And 1	M
Village or City // Laurannia	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred 3 3 yrs	s. / 3 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vashel Cumolo	If U. S. Veteran, specify WAR
(a) Residence: No. Modison	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male lol manual	(Mont)() (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Duson Connols	HEREBY CERTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year) 34 25 1881	I last saw h. aliva on 1986; death is said
6. DATE OF BIRTH (month, day, and year) The YS 1881 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at Julian m.
1 day,hrs.	
8. Trade, profession, or particular	were as follows: t. Idua . t. Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Munay Distala 1 1-20-36
Industry or husiness in which	Caratit 2.20.3
work was done, as SILK MILL, SAW MILL, BANK, etc.	Philitis 220-36
year) 1934 spent in this occupation with and 1934 occupation 30	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Church Creek	Collection
(State or country) manyland	
13. NAME Gerry marine	
14. BIRTHPLACE city or town)	Name of operation Grantatestormy Date of 2-25-3
(State of country) - Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sary Lines Enual 16. BIRTHPLACE (city or town)	e & If death was dua to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
E (State or country) Smaryland	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Susan Exulus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) hadison, med.	
18. BURIAL, CREMATION, OR REMOVAL Place madison, mbs. 7-12, 1936	Manner of injury
Place Dete 192 9	Nature of injury
19. UNDERTAKER Lawis St. Bayneum	24. Was disease or injury in any way related to occupation of daceased?
(Address) Cambridat wa	if so, specify
In FILED 7-11 1036 John Brace De	(Signed) Carrell M.D.

Registra

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BUREAU	V. 5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLA

1. PLACE OF DEATH County Village or-city Village or-ci	te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7287
Willage or City tryn where depty courted the second in a hospital or institution, give in NAME instead of steets and number) Langth of residence of City tryn where depty courted the second in a hospital or institution, give in NAME instead of steets and number) Langth of residence of City tryn where depty courted the second in a hospital or institution, give in NAME instead of steets and number) Langth of residence of City tryn where depty courted the second in a hospital or institution, give in NAME instead of steets and number) Langth of residence of City tryn where depty courted the second in a hospital or institution, give in NAME instead of steets and number) Langth of residence of City tryn where depty courted the second in	sta UP	1. PLACE OF DEATH	183
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Langth of residence in circles tops where death occurred as a supervision of the control of the	o j		No. 10. 7. D # 3. St. Ward
2. FULL NAME (a) Residence: No. Complete patients (b) Residence: No. Complete patients (c) Residence: No. Complete patients (d) Residence: No. Complete patients (e) Residence: No. Complete patients (e) Residence: No. Complete patients (e) Residence: No. Complete patients (f) Residence: No.	t o		
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A COUNTY OF THE COUNTY) 10 See Buy 10 See B	SIC	(a) Residence: No.	Ward.
A COUNTY OF THE COUNTY) 10 See Buy 10 See B	HY t s		
Sa. If married, wildowed, or own year of the words will the same of the same o	Хас		
55. If married, widewed, or projected HUSBAND of HUSBAN	X.		Tuly / 11 1936
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17. INFORMANT CALL TO THE PARTIE	be 3A7	1 Ar C	Where did injury occur? (Specify city or town, county and State)
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Nature of Injury In any way releted to occupation of deceased? 19. UNDERTAKER Harry A. Harry 19. Was disease or Injury In any way releted to occupation of deceased? 19. UNDERTAKER Harry A. Harry 19. Undertaken if so, specify If s	Sho OF	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury 1 2002
(Address) 2 2 7 Extrage 1. Carrel If so, specify for the		Place 13 2 Med CEm Dete July 14 , 1934.	Nature of Injury 1970
(Address) 2 2 I Frage If so, specify If so, specify	nati SAU	19. UNDERTAKER Harry A. Vodery	24. Was disease or Injury In) any way releted to occupation of deceased?
The third of Allen Dollar is 96	01	(Address) 227 High II Same	If so, specify from the form
20. FILED 1990 WACE 1	(T)		(Signed) I full of fless acting and M. D.
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Example I	1	Example II		
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Cerebral hemorrhage EGEIVE	July 5, 1927	Peritonitis	3 days ago	
AUG 4 1936				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
No description of the state of				

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrivant, Cook ployed as At school or At home. Care should be taken definite salary), may be entered a.: Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womer," etc., Never return "Laborer," "Foreman," "Mauager," "Dealworked on may form par: of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus: Farmer (re Housemujd, etc. If the occupation has been changed to report specifically the occupations of persons enwor. household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 9 yr8.). without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation therefore an

Statement of Cause of Death—Name, first, the disease causing death (the prinary affection with respect to time and causation), us, always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tions answ

the certificate is permanently filed.

the data is essential and must be obtained before

ered in detail, it will prevent further correspond-

Chead of Nomene quences If this certificate is looked over thoroughly and all quesment o Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely couditions, such as "Asthenia," "Anaemia" inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of ture of the injury, as fracture of skull, and conse-Poisoned by curbol'c acid-probably suicide. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which sangleal operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report more symptoms or use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaenic." "PUREPERAL peritonitis," "Uraemia," "Weaknes ." causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DUATUS STATE MEANS OF INJUBY (e. g., sepsis, tetanus) may be stated under the ture of the American Medical Association.) "contributory." (R commendations on statecause of death approved by Committee ctc., when a definite disease Example: Measles ctc. The contributory (merely terminal (second-(disease "Conetc.

STATE	OF MARYLAND	-CERTIFICATE OF DEATH 7289
1. PLACE OF DEATH		
County Dorchester	<u>/</u>	Registration Dist. No. 116
Village or City Camb	Me	No. St., Ward
length of residence in city or town whe	re death occurred 6 % vrs /	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
	1 11	1
2. FULL NAME	sur Maywar	A West
(a) Residence: No. 3	(Dsualplace of abode)	St., Ward. If nonresident give city or fown and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	
mole colored	married	(Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	4	2A HEREBY CERTIFY, That ettended deceased from
(or) WIFE of Cornelia	Hayward	July 3 1936 to July 6 1936
6. DATE OF BIRTH (month, day, and year)	June 6 1868	Jest saw har elive on July 40 1,1934; death is said
7. AGE Years Months	Days If LESS the	
68 1	0 1 dey,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance waye as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9.	Trastatic Hypothey My Berry 1985
SAWYER, BOOKKEEPER, etc.	Missinger	Pyeliti 11 7-3-36
3 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Un stone	(1.3.36) 7.3.36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and 1.4	11. Total time (years)	7-5:36
this occupation (month and 9 3	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	mbudge	Other Contributory Causes of importance:
(State or country)	mil 1	
13. NAME authur	Hayward	
13. NAME AUTHORITIES 14. BIRTHPLACE (city or town)	nehester G	Name of operation Dete of Dete
(State of country)	9nx	What test confirmed diagnosis? Climinal Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	(7)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	chester Cr	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Comulia	Hayward	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	a str	
Place Bothel Cam	try Date July 9 196	Manner of Injury
17md	0000	
19. UNDERTAKER (Address)	nan m	24. Was disease or injury In eny way releted to occupation of deceased?
7-9 3/6	Edman)	(Signed) Canall Mottlan M. D.
20. FILED	Registrat	(Address) Om Tale 84
O _{If me}	ore blanks are needed, address State Regis	Tat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 4 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DE	ATH			(31)	
County Dorchester				Registration Dist. No. 110	
Village or City	Hurlock (outside)	NoSt.,	Ward
Length of residence I	n city or town where o	death occurred_2	O_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	number)
2. FULL NAME	Anna Ma	rie Hor	n	If U. S. Veteran, specify WAR	
(a) Residence: No	Hurlock	(Usual place	R.F.D.	St, Ward. If nonresident give city or town and	d State
PERSONAL	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. co	White	5. SINGLE, MARI OR DIVORCED Wid	(write the word)	21. DATE OF DEATH	, 1936
5a. If married, wildowed, or HUSBANO of (or) WIFE of	Frederic	ek Horn		22. HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month,	day, and year) De	ec. 4. 1	859	1/ de 1/11/15/1 de	_; death is said
7. AGE Years	Months	Days	If LESS than	to have opcurred on the date stated above, atm.	
76	7	17	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, o kind of work do SAWYER, BOOK 9. Industry or busines work was done.	r perticular ine, as SPINNER, KEEPER, etc.	House wo	rk	With left Hemislegia:	7/18/33
9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last this occupation year)	worked at)wn home 11. Total ti 36 spen		Primary Course, Chronic neplaities of	(P
12. BfRTHPLACE (city or to (State or country)	wn\	many		Other Contributory Causes of Importance:	7/201
₩ 13. NAME	Johann Ki				1/2/5
13. NAME 14. BIRTHPLACE (city of (State or country)	or town)	ermany		Name of operation Oate of What test confirmed diagnosist yellow leading was there an	X
15. MAIDEN NAME			erbacher	23. If death was due to external causes (VIOLENCE) fill in also the followin	
16. BIRTHPLACE (city of	or town)G-6	ermany		Accident, suicide, or homicide?	, 19
17. INFORMANT	George Ho Dover, De	rn		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ite) LACE.
18. BURIAL, CREMATION, C			y 24 ₁₉ 36	Manner of Injury	,
19. UNDERTAKER	J. Fran	nptom &	Son	24. Was disease or injury In any way related to occupation of deceased?	NO
20. FILED July 2	3, 19.36 C	Las. W.	Healings	(Signed) Address) Holliabling im	/ - M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1 ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 	Example II		
The principal cause of death and related rauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis AUG 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis Q	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

RECORD. Every item of infor-

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important.

TARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PL.

mation should

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE OF DEATH					
	CountyDorehester			93-© Registration Dist. No. 110		
	Village or City Brooky			No. St. Ward		
	Langth of residance in city or town whe	ra daath occurred	T 17 (II	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	is.	
2.	(a) Residence: No. 13	rookie	w Md	St., Ward. If nonresident give city or town and State		
	PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	_	
3. SE	4. COLOR OR RACE White	OR DIVORC	RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH uly /2 1936	_	
5a. I	f married, widowed, or divorcad HUSBANO of (or) WIFE of Nettie I		rien	22. THEREBY CERTIFY, That attended decased from 136, 107 July 1 13 A	- m	
6. D.	GE Years Months 64 9	Oct, I2 Oays	T872 If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at	ird	
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation			76/		
12. BIRTHPLACE (city or town) (State or country) Del				Other Contributery Cases of Importance: Lites Duration ?		
된	13. NAME Elijah Ins. 14. BIRTHPLACE (city or town) (Stata or country)	Ley		Name of operation		
프	15. MAIDEN NAME Charlett Ellis 16. BIRTHPLACE (city or town) (State or country)			23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
	NFORMANT Nettie I) (Address) Brookvir			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Placa Oate 711 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				Menner of Injury		
19. U	INDERTAKER W.D.Grave (Address) Sharpt		ro	24. Was disease or injury in any way related to occupation of deceased?		
20. F	ILED July 13, 1936	A. L. Na	strings Registrar.	(Signad) Sharptom rub	0.	
	If m	ore blanks are needed,	address State Registrar,	2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	le le	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis AUG 3 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

pay	1)	16	()
7	4	J	6

1. PLACE OF DEATH	/// /
County Derchests	Registration Dist. No. // 6
Village or City Cambade	ND. St., Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 3 ds. How long in U.S. if of foreign birth? mos. mos.
2. FULL NAME Tilbert fam	3474 U.
(a) Residence: No. 231 Aring (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (write the color)	the word) / 5 , 193 (
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	936 I fast saw have alive on al 13 1924; death is sa
7. AGE Years Months Days If LE	LESS than to have occurred on the date stated above, at \$ 120.63-m.
	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or postigular	Date of ona
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	
11. Total time (years this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Camberdal (State or country)	Other Contributory Causes of importance:
- Louis	wsley.
13. NAME Zemb 7 Bassley 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mildred & Jan 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BtRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country)	Where did Injury occur?
17. INFORMANT Mildeld & Jane (Address) Cambridge of M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date July 14	Manner of injury Nature of Injury
19. UNDERTAKER Lesmonth Raymen (Address) Cambled the	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7-14, 1936 John m	Registrar. (Address) Remodeling M.
If more blanks are needed, address State	ste Registrar, 242x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial new	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	4	May 1,1923	(Fastroenteritis	1 year
	//s			

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 7293
1. PLACE OF DEATH /	23)
County Worchesler,	Registration Dist. No. // O
Village or City near Chodesdale	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?
2. FULL NAME Minnie leephes 1	ohuson
and the same of th	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Generale Glack S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorces HUSBAND of (or) WIFE of USuu To husou	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Sept 8 /8 9 65	I last say elive on 1990 100 1990 1990 1990 1990 1990 1990
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated ebove, at 10 Pm.
39 10 - 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
8 Trade profession or particular	1 Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julisello as
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	llegs
U 10-Date deceesed lest worked at 11. Total time (years)	
this occupetion (month and spent In this occupetion	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importence:
(Stete or country)	
13. NAME Vouchk Cephes	
13. NAME VOLEPH CALLS 14. BIRTHPEACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Mary Cophes 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION, OF REMOVAL ROLL	Managed in time
Place Wilming ton Dete July 1 7 19 3 C	Menner of injury
19. UNDERTAKER G. B. Willoughby	24. Was disease or injury in any wey releted to occupation of deceased?
(Address) Herelseff	If so, specify
20. FILED July 11, 1936 Chas. St. Hastings Register.	(Signed) M.D. M.D. (Address) M.D. C. (Address) M
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis AUG 0 1330	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1634
County Dorekester	Registration Dist. No. 1/4
Village or City Broko	NoSt., Ward
()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance In city or town whera death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah) Johnson	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. 6 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	7
6. DATE OF BIRTH (month, day, and year)	Viast say h aliva on 19 / daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	0 1 1 1 0
9. Industry or business in which	Cause of death: Unknown.
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Further information, CerteR
Di Date deceased last worked at this occupation (month and spent in this	7,70
year) occupation control and occupation occupation	Off Condition Constitution
12. BIRTHPLACE (city or town) Engles.	Other Contributory Causes of Importance:
(State or country) Research Ro 225	
13. NAME Soften of Only	
14. BIRTHPLACE (city or town). Buff.	No. of the Co.
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was thera an autopsy?
	23. If daath was dua to external causes (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (Stata or country)	And dant, suicide, or homicide?
(State of County)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT STURES GREEN	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) (Scraps Mac)	
Place Cyaballe Data July 23 1976	Manner of injury
CD: SALLED	Nature of injury
19. UNDERTAKER Lelling HO3 annum	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Cambridge nd	If so, specify
20. FILEPfuly 23 1936 Jours M. J. Cousich	(Signed) Jawel M. D.
Joeal Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - ECE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE C	OF DEATH	-		(99)		- 11	6
County_	Vereke	elen			Registratio	n Dist. No.	
Village or	City Real		med	No.		St.,	Ward
Length of re	sidenca in city or town whare	death occurred	_	death occurred in a hospital or institutionds. How long in U.S. if		ME instend of street an	
	12 1	9				72-3	.mos
2. FULL NA	AME LACE	- Aa	Keea	If U. S. Veteran,	specify WAR_		
(a) Reside	ence: No.	(Usual place	of shode)	St., Ward.	If nonreside	nt give city or town a	and State
PERSO	NAL AND STATIS			MEDICAL C		E OF DEATH	
Male.	4. COLOR OF RACE	5. SINGLE, MAR OR DIVORCE	RIED, W100WEO, D (write the word)	21. DATE OF DEATH	rely	18	1936
a. If marriad, wido	awad or divorced	10 Per			(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	P + 10	1 10	4-	27. I HEREB	Y ERT	Fly. That I attend	ed deceased fro
(01) 1112 01	V Virial de	Not of	Receny	July 17	1936, 10/	July !	193
DATE OF BIRTH	(month, day, and year)	1848		last saw h AMM alive on	suly	193	; death is sa
. AGE Y	ears Months	Oays	If LESS than	to have occurred on the data stat		- III.	
	00		1 day,hrs.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and related ca	usas of importance	Oate of onse
8. Trade, prof kind of SAWYF	fession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	name		Herembr	0	the	West /
	businass In which vas done, as SILK MILL, ILL, BANK, etc	V		resalo	. 0	7	11/1/2
	ased last workad at cupation (month and	spe spe	time (years)				
	21	0		Other Contributory Causes of Imp	ortance:	A 4-	2
2. BIRTHPLACE (State or co	city or town)			Nachon T	300	0 2	1033
1	Olive 1 Z	120	Rece .	The second	107 pur	10	123
	7	0		- Bu	ne		
	CE (city or town)	. 2		Name of operation	hueall	Date of	
1	41	EK	0	What tast confirmed diagnosis!		Was there a	
			7	23. If death was due to external ca	1/		
16. BIRTHPLAC	CE (city or town) or country)	27.0		Accidant, suicide, or homicide?		Date of injury	
, (0,010)	HIN O	, / 1		Where did injury occur?	(Specify city	or town, county and S	State)
7. INFORMANT (Address)	Norack	med		Specify whether injury occurred i	IN INDUSTRY, in	HUME, or In PUBLIC	PLACE.
	ATION OR REMOVAL	1	H-Class	Mannar of injury			
Place	lances m	1 Oats 7/2	0 ,1936	Neture of Injury			
9. UNDERTAKER _ (Addrass)	Este		t-	24. Was disease or injury in any v	vay related to occ	upation of daceased?	مر
(Auurass)	2/0	0	_ ///	If so, spacify	Schr	rende	W

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis G 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Registrar

(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD mation should be carefully supplied. AGE should be stated EXACTLY. PHYS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st TION is very important. See instructions on back of certificate.	ITH UNFADIN Ily supplied. A plain terms, so t See instructio	G INK—TH GE should be that it may be ms on back o	IS IS A PERMAN e stated EXAC e properly classi f certificate.	NENT RECORT CTLY. PHYS iffed. Exact st
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of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

100	63	63	н
17	1	34	1
	4	V	U

1. PLACE OF DEATH					
County Dorchester,			Registration Dist. No. //O		
Village or City Hurlock,			No. St., Ward		
Length of residence in city or town where	death occurred 8	/ (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.		
			d		
			If U. S. Veteran, specify WAR		
(a) Residence: No. Hur.	lock, Md (Usual place o	f abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Mary	(write the word)	July 29th., 1936 (Month) (Day) (Yaar)		
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Margaret	Marine,		22. HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year)	ecember '	7" 1858	1 last saw h and alive on 7/29, 19.3 6; death is said		
7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at 2 = QQ = Pm. M.		
77 7	55	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cruses of importance were as follows:		
10. Date decaased last worked at this occupation month and year) 12. BIRTHPLACE (city or town) Dorch (State or country) 13. NAME Edws 14. BIRTHPLACE (city or town) Dor (State or country)	11. Total tin spent occup nester Co	Md. Co. Md.	Date of onest What test confirmed diagnosis? Was there an autopsy?		
16. BIRTHPLACE (city or town) DC (State or country) 17. INFORMANT Mrs W1111s (Addrass) Hurl 18. BURIAL, CREMATION, OR REMOVAL	Lock, Md	r Co. Md. rine,	23. If daath was due to axtarnal causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
Hurlock, Md. 19. UNDERTAKER J. J. Frampton (Addrass) Federal 20. FILED July 31, 19 36 CA			Natura of injury 24. Was disease or injury In any way related to occupation of decaased? If so, specify (Signad) (Addrass) (Addrass)		

N. B.-WRITE PL mation shoul CAUSE OF

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MIC 6 136	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		b	

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

That I attended deceased from

Date of onset

BINDING RESERVED RGIN

S. No.

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Example I	Example II
The principal cause of death and related causes Date of on of importance were as follows: Arteriosclerosis 1915	of importance were as follows:
Arteriosclerosis . 1918	Attack of epilepsy 1 week ago
Chronic interstitial nephritis 1921	Run over by street car 1 week ago
Cerebral hemorrhage	927 Peritonitis 3 days ago
031	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1,1	923 Gastroenteritis 1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
SUL	1. PLACE OF DEATH	90
OCC.	County Laghester	Registration Dist. No.
Je of	Village or City Cambridge	death occurred in a hospital or institution, give its NAME instead of street and number
nent o		O_ds. How long In U.S. if of foreign birth?yrs,mos,ds,
mer	2. FULL NAME (Syns & Mende)	If U. S. Veteran, specify WAR
state	(a) Residence: No. Do the East	St.,Ward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
yacı	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1	OR DIVORCED (write the word)	July 6 Lh 193 6
	5e. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of 9) 00'	22. HEREBY CERTIFY, That I ettended deceased from
	A LIVER TO THE PARTY OF THE PAR	Jefo 6 th 1904 to feeling 6 th 1906
ate	6. DATE OF BIRTH (month, dey, end yeer) A 24-/85 47 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
certificate	82 5 /2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and relater causes of importence
certificat	8 Trade profession or particular	were as follows: Date of onset
Jo	Kind of work done, as SPINNER, Nousework	Cerebralanterio-selendres also
back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Tyraa
on b	10. Date decesed last worked at this occupation (magth and spent in this	L
instructions o	this occuration (menth and year) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Coatributery Causes of importance:
-	12. BIRTHPLACE (city or town) 12 Dette East	Drift Coarroutery Causes of Importance.
	(State or country)	
	I 13. NAME Joseph Genjamen	
	14. BIRTHPLACE (city or town)	Name of operation Dete of
	(Sield County)	What test confirmed diagnosis? Was there an autopsy?
	E A B OLL	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
important.	O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
E	17. INFORMATION Stern Chare State Hook. Nevar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
ACT 3	(Address) Combridge - maryla	
A SI	18. BURIAL, CREMATIDITY OF REMOVAL M. E	Manner of injury
LION	Place form the cultipate will 3,19.36	Nature of injury
11	19. UNDERTAKER TOUGH A TIONING	24. Was disease or injury in any way related to occupation of deceased?
	(Address) morth cart, Md	(Signed) Sall M.
	20. FILED 1936 Francisco	(Address) And Address
	Tis which would all Sur Brian	N. Cl. J. St. J. P. Li.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
4 4 4		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2300
1. PLACE OF DEATH	(34)
county Derchester.	Registration Dist. No.
Village or City Combridge	wastern there that Horalita wind
Length of residence in city or town where death occurred 2 yrs. 2 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? 95 yrsmosds.
2. FULL NAME august Palilyma	If U. S. Veteran, specify WAR
(a) Residence: No. (9nx) Berlin	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male white Shared (write the word)	(Month) / (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Goldonia Yakobings	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	last saw h L. alive on July 1077, 193 6; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stafed above, at 4.5 0Am.
62 10 12 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and red ted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	
9. Industry or business in which	the defendance of the defendance of the design of the defendance o
work was done, as SILK MILL, Dun Form	The appoint of a
year went AST 93.4 Voccupation & 1974	Other Contributory Causes of importance:
12. BIRTHPLAGE (fity or town) (State on country)	Typhilis 10 ur
	- July
14. BIRTHPLACE (city or town) of Bulancian	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 228
15. MAIDEN NAME applomen thimsel	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME (A Slone a Shimle) 16. BIRTHPLACE (city or town). D. J.	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CASELY THOSE TOLETON FOR	yhether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Manual Demetros July 10, 19.36	Manner of injury
19 :00 A 010	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Cambridge -	If so, specify () A
20. FILED 7 - 10, 1936 John word	(Signed) thatles fabour M.D. (Address) Rass M.D.
If more blanks are needed, address State Registrar,	1 Trough

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	RECORD.
BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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SERVED	NK-THIS
MARGIN RESERVED FOR BINDING	UNFADING
Ī	WITH
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	PLAINL
. No. 1	B.—WRITE
V. S	ż

1. PLACE OF DEATH		3	6
County On County		Registration Dist. No. 1	•
Village or City Cambril	WITHIN COBPORATI	St., see the death occurred in a horpital or institution, give its NAME instead of street and n	ware)
Length of rasidanca in city or town where death	occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmo	sd
2. FULL NAME ho hame ()	lullijs	If U. S. Veteran, specify WAR	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
Celemand celut	SINGLE, MARRIED, WID OWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 <u>(</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	mil	22. I HEREBY CERTIFY, That I attended of	ieceased from
5. DATE OF BIRTH (month, day, and yaar)	uly 21. 1936	- mul	; daath is sai
7. AGE Yaars Months Y	Days If LESS than	to have occurred on the date stated above, atm.	
2 months -	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca wera as follows:	Data of ones
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	inl	I mongle Forlis. Cabritan.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	ml	with Wice	
10. Date decaased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
mil		Other Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town) (State or country)			
13. NAME Fligh I hu	llija		
I MAINE MAINE	d	Arc-	141 31
14. BIRTHPLACE (city or town) (State or country)	^	Name of operation Data of J	4
	Archein	What test confirmed diagnosis? Was there an a	
S. MAIDER HAME	mi!	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	
15. MAIDEN NAME COMMANDE 16. BIRTHPLACE (city or town)			, 19
Canada haci	P.P. Doil	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
17. INFORMANT (Address)	- v ways	- County initiation injury countries in inspecting in introduction in inspection in in	102.
18. BURIAL, CREMATION, OR BEMOVAL	mul If all	Manner of injury	
Place C)ate, 19	Nature of injury	
10 100-07 (4/5)		24. Was disaasa or injury in any way ralated to occupation of deceased? 2	0
19. UNDERTAKER(Address)		if so, spacify	
20. FILED 7 - 21 1936 A	le maria	(Signed) YuySleuli	M.
20. FILED (1936 L)	an mace		

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The principal cause of death and related causes Data of onset of importance were as follows:			Example 11		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECFIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11/20	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	AUG 4 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(131)	
County Oo		Registration Dist. No	114
Village or City	- me	No.	St., Ward
vinago or ony	7.0	death occurred in a hospital or institution, give its NAME instead of	of street and number)
Langth of residence in city or town where de-	ath occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrs	ds.
2. FULL NAME	kelleps	If U. S. Veteran, specify WAR	
(a) Residence: No.	po me	St., Ward.	
	(Usual place of abode)	If nonresident give city	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OB RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Da	y) (Year)
5a. If married, widowed, or divorced HUSBAND of	med 2:		
(or) WIFE of Means	ac of make	Oct 16 1934 to Seeler	1 attended deceased from
	11/14/12	Hest saw him aliva on Daney 12	1926 ; death is said
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4.30	L., ISA SEL, Gadin is said
2 4 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Impo	ortance
	0 ormin.	ware es fottows:	2 Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,	Kuel	consuct majo-	and
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
work was done, as SILK MILL, SAW MILL, BANK, etc.	Freezy		
10. Date dacaased last worked et this occupation (month and	11. Total time (yaars) 19		
year)	occupation	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town)	-	Other Contributory Causes of importance:	
(Stata or country)	al ame	nessitis	Conflice
W 13. NAME O homos	Phillips		
14. BIRTHPLACE (city or town)	a hester CD	Name of operation	Date of
(Stata or country)	ma	What test confirmed diagnosis? W	
15. MAIDEN NAME GE	Malan	23. If death was due to external causas (VIOL ENCE) fit! In also	
15. MAIDEN NAME CLES	alas	Accident, suicide, or homicide? Date of Ir	The state of the s
2 16. BIRTHPLACE (city or town)	a de la companya della companya della companya de la companya della companya dell	Where did injury occur?	,,
Celuent	Theolog.	(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or Ir	unty and State)
17. INFORMANT (Address)	med	openis whether this is occurred in the booth t, in nome, of the	TODETO TENOL.
18. BURIAL, CREMTATION, OR REMOVAL	~ /	Manner of injury	
Placa Place for the	Date 1/18 196	Neture of injury	
5890	0		
19. UNDERTAKER	2 2	24. Was disaese or injury In any way related to occupation of d	aceasad
(Addrass)	Da 1 (If so, specify	
20. FILED July 14, 1936 mas	It founds	(Signed) (Address) Cambridge	M. D.
	V Local Registrar.	(Mudless)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related cause of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis ·	3 days ago
AUG AV.	5		
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County. Stage or City. Stage or City. Langth of rasidence in rife or town where dasth occurred. Langth of rasidence in rife or town where dasth occurred. Langth of rasidence in rife or town where dasth occurred. Langth of rasidence in rife or town where dasth occurred. Langth of rasidence in rife or town where dasth occurred. Langth of rasidence in rife or town where dasth occurred. A. Registration Dist. No. Langth of rasidence in rife or town where dasth occurred. A. Registration Dist. No. Langth of rasidence in rife or town where dasth occurred. (a) Residence in rife or town where dasth occurred. (b) Residence in rife or town where dasth occurred. (a) Residence in rife or town where dasth occurred. (b) Registration Dist. No. Langth of rasidence in rife or town where dasth occurred. (a) Residence in rife or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CENTIFICATE OF DEATH Langth of rasidence in rife or town and State MEDICAL CENTIFICATE OF DEATH Monthly Langth of rasidence in rife or town and State MEDICAL CENTIFICATE OF DEATH Monthly Langth of rasidence in rife or town and State MEDICAL CENTIFICATE OF DEATH Monthly Langth of rasidence in rife or town and State MEDICAL CENTIFICATE OF DEATH Monthly Langth of rasidence in rife or town and State MEDICAL CENTIFICATE OF DEATH Monthly Langth of rasidence in rife or town and State MEDICAL CENTIFICATE OF DEATH Langth of rasidence in rife or town and State MEDICAL CENTIFICATE OF DEATH Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Langth of rasidence in rife or town and State Lang	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	92:0
Langth of rasidence in Province of the country of the Control of t	County Dorchester	Registration Dist. No. 116
2. FULL NAME (a) Residence No. Sunce Manager of books PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED OR DIVORCES (Gyrich to word) Fig. 12. Industry or business in which SAW THARBORNEER, etc. 1. Industry or business in which SAW THE, BLORKEER, etc. 1. Industry or town) What test confirmed diagnosis Notes and the second of the se		
(a) Residence No. Lange Joseph Mark Joseph Mark Joseph Medical State Medical State of Local Personal and State Personal and Sta	Langth of rasidence in my or town where death occurredyrs,mos	ds. How long In U.S.if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORED Cyrisc tha word) OR DIVORED Cyrisc tha word) OR DIVORED Cyrisc tha word) 5. SINGLE, MARRIED, MIDOWED, OR DIVORED Cyrisc tha word) OR DIVORED Cyrisc tha word) 7. AGE OF BIRTH (month, day, and year) Or and the state of the state o	(a) Residence. No. Lunk wood H	-det., Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (spritc his word) AND Mastried, windowad, or divorced Hospital (month) 5. SINGLE, MARRIED, WILDOWED, OR DIVORCED (spritc his word) 6. DATE OF BERTH (month, day, end year) 6. DATE OF BERTH (month, day, end year) 7. ACE 1. ACE 1		
OR DIVORCED Cypire the word) All Mannish (Day) All HER F Y C F R T I F T. That I Platended deceded from the part of the word of the part		
HUSBAND of (or) WIFE of (or) WI	In al Calalia OR DIVORCED ("grite tha word)	July 2 6 4, 193 6.
6. DATE OF BIETH (month, day, end year) & Out & 15 tests than 1 day, hrs. of his staw h 3 dive on 3 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to say the courted on the date stated above, at 95 death is said to last say the 95 d	Sa. Il married, widowad, or divorced HUSBAND of	22A0 I HER EXVICED TIEV That I Standard december from
5. DATE OF BIRTH (month, day, end year) & out & fire 1 st 1 st 2 st 2 st 2 st 2 st 2 st 2 st	(or) WIFE of Mudami	1// 1/ // // // // // // // // // // //
7. AGE Years Months Days If LESS than I day, which work done, as SPINNER, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work done, as SPINNER, SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. 10. Date daceased last worked at years year occupation of daceased in the work was done, as SILK MILL. 11. Total time (years) year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME COLLEGE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME COLLEGE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place Address) Date Regimen. 19. UNDERTAKER Address A Date Regimen. 10. Name of operation Name of operation What tast confirmed diagnosis Specify whether injury occurred in INDUSTRY, in IN	10- + le -1851	
1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related cabes of importance were as follows: Date of oneset		
State or country	Asac 6 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Nind of work done, as SPINNER, SAVYER, BOOKEFER, etc. SavYER, BOOKE		were as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME	kind of work done, as SPINNER,	
12. BIRTHPLACE (city or town) (State or country) 13. NAME	SAWTER, BOUNKEEPER, etc.	The state of the s
12. BIRTHPLACE (city or town) (State or country) 13. NAME	work was dona, as SILK MILL,	will chronic that I
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Other Contributory Cancers infontance: Name of operation What tast confirmed diagnosis Q. Was there an europse of the confirmed diagnosis Q. Was diagnosis Q.		That deserve
(State or country) 13. NAME ENCLY 14. BIRTHPLACE (city or town). (State or country) What tast confirmed diegnosis. 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida. (Specify city or town, country) Where did injury occur? (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Country Date Country Manner of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) Accident, suicida, or homicida. Specify whether injury occur? Where did injury occur? Manner of injury Neture of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) Address Cantellard Registrar. (Address) (Address) (Address) (Address) (Address)	occupation occupation	Other Contributory Cancer of ignortance:
13. NAME ENCLY 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKE		1 DOTE
What tast confirmed diegnosis Was there an europs 15. MAIDEN NAME		
What tast confirmed diegnosis Was there an europs 15. MAIDEN NAME	13. NAME Enly fundly	
What tast confirmed diegnosis Was there an europs 15. MAIDEN NAME	E 14. BIRTHPLACE (city or town) hod	Name of operation
17. INFORMANT Carl Information of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Link Date Large 19. 19. UNDERTAKER Link Strong 19. UNDERTAKER Link Strong 19. UNDERTAKER (Address) Carl Link Strong 19. UNDERTAKER (Address) Carl Link Strong 19. (Signed) 20. FILED 7-29, 1936 (Palus Manner Of injury in any way related to occupation of daceased? (Address) (Address) (Address) (Address) (Address) (Address)	(State of conutty)	What tast confirmed diegnosis 20 Was there an europs
17. INFORMANT Carl Information of injury occurs	15. MAIDEN NAME and Indee	23. If death wes due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT Carl Information of injury occurs	5 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida! Date of injury Date
17. INFORMANT CATAL CALL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Link Company Com	∑ (Stata or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Control Date Colly, 29, 1936 19. UNDERTAKER Ships	7	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place but to Date buly 29, 19 3 9 Neture of injury 19. UNDERTAKER Ships the Strong (Address) cartling of the Strong (Address) cartling of the Strong (Signed) 20. FILED 7-29, 1936 Color Strong (Address) (Address) (Address) (Address)		Manager of injury
20. FILED 7-29, 1936 Yoku Tuce (Address) (Address) (Address) (Address)	1 - 1 + 1/- 0 79 71	
20. FILED 7-29, 1936 Color mace Op. (Signed) (Address) (Address)		7-
	20. FILED 7-29, 1936 Ophu mace 4	(Signed) Jan Lynd D. M.D.

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	Example I	1	Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	FIVEDI	1915	Attack of epilepsy	1 week ago		
Chronic interstitial he	phritie C	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	AUG 4 1936	July 5,1927	Peritonitis	3 days ago		
	BUREAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
			<i>b</i>			
				1000		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7304
1. PLACE OF DEATH	23
County Donchister	Registration Dist. No. // 🦢
Village or City Chartudge	NoSt.,Ward
Length of residence in city or town where death occurred 40_yrs, 11_mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? May yrs
2. FULL NAME Marcie Robinson	If U. S. Veteran, specify WAR
3 (A C . I A	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) manual	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Charles Robinson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) July 26 1895	I last saw h alive on Que 8) 1,19 31; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete state above, a Lhill am.
40 (1 /3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:
8. Trade profession, or perticular	Sulmoner Juberculan May 1931
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation winenth and 2.2 11. Total time (years) spent in this	
10. Date deceased ast worked at this occupation menth and 9. 3. spent in this occupation 2.5	
12. BIRTHPLACE (city or town) Cambulge RV	Dther Contributory Causes of importance:
(State or country)	
13. NAME Areland Slewart	
13. NAME Arcland Stewart 14. BIRTHPLACE (city or town) State or country) William State or country)	Name of operation Date of Whet test confirmed diagnosis? Clement Was there an autopsystem
15. MAIDEN NAME Many ann Gundle	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Courses (Address) /3 8 Cm St	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place (30/160 Cemelley Date July 12, 19 36	Manner of injury
Place 1 Little Centery Date July 12 , 19 . 6.	Nature of injury
19. UNDERTAKER M & COCK (Address) Charles MA	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 7-11, 1936 John Mace De. Registrar.	(Signed) Challes M. D. (Address) Francisco M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronie interstitial nephritis 4 1936	1921	Run over by street car	1 week ago		
Cereoral nemorrnage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	CERTIFICATE OF DEATH 7305
1. PLACE OF DEATH,	(12-a)
County Dorchesler	Registration Dist. No. 11/
Village or City and new Market	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How tong in U.S. If of foreign birth?yrsmosds
C 1 2- 1	C
(a) Residence: No. Local 73-44 Manager of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word) Whate Whate	21. DATE OF DEATH 7 22 , 193 6 (Vonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or). WIFE of MILS Royelle.	22. I HEREBY CERTIFY, That I attended deceased from 7/16 1936, to 7/27 1936
6. DATE OF BIRTH (month, day, and year) Feb 23 1867	I last saw have alive on 7/22 1934; death is sal
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
A 8 Trade profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	
To Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importanca:
(State or country)	
13. NAME Welleaus & gloragell 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margret Pagne 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?, 19, 19, 19
17. INFORMANT Suff Mc Welliams (Addrass) Commercial	(Specify city or town, county and State) Spacify whethar injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Seat Sew Market Date The 12519.3	Manner of Injury
19. UNOERTAKER A William Market	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED July 25, 1936 - Fle En Parker. Registrar.	(Signad) Thoger Myses M. (Address) 76 ms occ Md

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

N. B.-WRITE PLAINLY,

(W. Pro

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(120)	
County Day	ter	Registration Dist. No.	115
Village or City Fish	Creek me.		
Vinage of City	(ii	death occurred in a hospital or institution, give its NAME instead of stre	
Length of residence in city or town wh	nere death occurredmos	How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME	ma Shockel	If U. S. Veteran, specify WAR	
(a) Residence: No.	List Creek n	St. Ward.	
	(Used) place of abode)	If nonresident give city or to	wu and State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Lecrola White	Julya	(Month) (Day)	193_(Year)
5a. If married, widowed, or divorced HUSBAND of	1 1	22. A DIVEREBY CERTIFY, That Lat	31
(or) WIFE of	refant		719\$_c
	5116155		9_3_(_; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 97	neath 12 2910
2 /	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Important	ce
8. Trade, profession, or particular	ormin.	were as follows:	Data of enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Infant	E. T = (0.1.3	2 0
9 Industry or business in which		me o - com	
work was done, as SILK MILL, SAW MILL, BANK, etc			
O 10. Date deceased last worked at this occupation (month and	II. Total time (years)		
year)	occupation	Other Coutributory Causes of importance;	
12. BIRTHPLACE (city or town)	uy crack,		
(State or country)	of me.	nons	
13. NAME Quesethy	hockley		
4 14. BIRTHPLACE (city or town)	having Cafack	Name of operation	ete of
(State or country)	I my	What test confirmed diagnosis?lancal Westh	ere en autopsy? NE
15. MAIDEN NAME	Cree laton	23. if death was due to externel causes (VIOL ENCE) fill in also the f	ollowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	luck creek	Accident, suicide, or homicide? Date of injury.	, 19
≤ (State or country)	of me	Where did injury occur?	
17. INFORMANT Eugett	hodelen	Specify whether injury occurred in INDOSTRY, in HOME, or In PUB	and State) BLIC PLACE,
(Address) teskes	creek, Mrs		
18. BURIAL, EMEMATION, OR REMOVAL	1 20 3/11 3/	Manner of injury	***************************************
Place	02le	Neture of injury	
19. UNDERTAKER LYSTE	Carapte	24. Wes disease or injury In any way related to occupation of decease	sed?
(Address)	under me	If so, specify A	
20, FILED LA 15 193 Cal	la . he a see	(Signed) James w. Mea	M. D.
20,111	LOCA L Registrar.	(Address) Justing Cree	le ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	nple L	DI	Example II			
The principal cause of death of importance were as follows Arteriosclerosis	and related causes AUG 6 193	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	BUREAU Y.	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	DUKEN	July5,1927	Peritonitis	3 days ago		
Other contributory causes of	importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

STATE OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH

19	03	12	1
6	5	0	6

1. PLA	CE OF DEA	TH #	ITHIN CORPO			159)				
Cour	ity Dor	chester		MATE LINIPE	7		Registrati	on Dist. No	116-	
Villa	ge or City	Cambric	lge		No	8 Dunns Le	ane		St.,	Ward
Lengt	th of residenca in ci	ty or town where de	eath occurred	yrs. X mos	death occurred	How long in U.S. if of for	, give its NA ralgn birth?	AME instead of str	eet and numb	ber)
2. FUL	L NAME		oy Smit	h		If U. S. Veteran, spe	cify WAR			
(a)	Residence: No	8 Dunn	S Lane (Usual place)		St.,	Ward.	If nonresid	lent give city or to	wn and Stat	te
PE	RSONAL AN	D STATISTIC	CAL PARTI	CULARS		MEDICAL CER	TIFICA	TE OF DEA	ТН	
3. SEX Male		lored	or Divorces Sing.	RIED. WIO OWED, (write the word) Le	21. DAT		uly Month)	23rd (Day)	, 19	3 (Year)
5a. If marrie	d, widowed, or dive	rced								
HUSBA (or) W	IFE of	Sing.	le		Not	at all 19				
6. DATE OF	BIRTH (month, da	y, and year) Jy	ly 23rd	1936	I last saw h	n elive on		, 1	19; de	eath is said
7. AGE	Years	Months	Days	If LESS than		curred on the date steted el				
				ormin.	Tha PRINC ware as fo	CIPAL CAUSE OF DEATH a	ind ralated (causes of Importan		ate of onset
Z 8. Tree	de, profassion, or p	articular as SPINNER	None			1 2 1				/23736
E		es SPINNER, EPER, etc			r	ematurity (mon	TUIS		720700
4 9. Indi	ustry or business i work was done, as SAW MILL, BANK,	SILK MILL,	x			(cause c	IIIKIIC	WII /		
0 10. Date	e decaasad last wo this occupation (mo year)	rked at X onth and	spei	me (years) nt in this pation	Si	gned as Ioc	aal R	egistra	ra	
		Camb	ridge,		Other Cont	tributory Causes of importa	nca:			
	LACE (city or town) ta or country)	Mary	land.							
		Robe	rt Ches	ter						
E			ch Cree	k,	Name of a					
I4. BIR	THPLACE (city or to (State or country)	own)Mary	land.			peration				
4	OEN NAME	Laur	a Bell	Smith		wes due to external causes				psyr
王		Camb	ridge.			suicide, or homicide?			- 1	.19
€ 16. BIR	THPLACE (city or t (State or country)	OWII)	land.			Injury occur?				-,
			a Bell	Smi +h		nether injury occurred in IN	(Specify cit	y or town, county	and State) BLIC PLACE	
	ANTdress)			Maryland						
18. BURIAL,	CREMATION, OR	REMOVAL		2 5- 19 3	/ Manner of	Injury				
19. UNOERT	AKER Le	nbridge,	. 13 au	veum	- Hutaro or	ease or injury in any way	ralated to o	ccupation of decea	sed?	
20. FILED	7/24/3	6 John	y m.	Registrar.	(Signe	(Address) Camb	ridge	e Md	h	M. 0.

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Example 1	- 1	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECFIVED	Date of onset	of importance were as follows:	
		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 4 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	item of infor-	should state	of OCCUPA-
	RECORD. Every	7. PHYSICIANS	Exact statement
BINDING	PERMANENT	EXACTLY	ly classified.
FOR	SISAI	stated	properl
MARGIN RESERVED FOR BINDING	ADING INK-THE	d. AGE should be	s, so that it may be
MARC	Y, WITH UNF.	arefully supplie	H in plain terms
1	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

N. B.—WRITE PLAINLY

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 7308
county on charle	(a) (a)
0 - 1 1	Registration Dist. No. / / O
Village or City Cauchuly Q	No. Malitude Work St., W
Length of residence in city or town where death occurredyrs,mo	
2. FULL NAME frefault tanky	If U. S. Veteran, specify WAR
(a) Residence: Np. Quirrys Mm-	St Ward.
(a) Residence. (b). (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH TOLY (Day) (193 (Yest
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of White Married (or) WIFE of Married (or) WIFE or WIFE o	22. I HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, end year) Quela 6, 1936	1 last saw h 2 alive on Clad 19 death is
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, et
Atte Parks - I day, - hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows: Date of
kind of work done, as SPINNER,	Francis Charles Man
9. Industry or business in which	Low Fre Grand California
work was done, as SILK MILL, SAW MILL, BANK, etc.	Illenn.
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	
(State or country)	- onmyte rentating inframed
13. NAME Carly Clanley	of an unce and lig
14, BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Wes there an eutopsy?_
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Date of Injury19_
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Muinit Clanky	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Curry	
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury More
Place Curey, Date P, 1926	Nature of injury
19. UNDERTAKER Llung & Bayuman	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7-7 136 John more gr	(Signed) Could be Made
Regist d.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis E C E IV E D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	m of infor-	hould state	OCCUPA-
	CORD. Every ite	PHYSICIANS SI	ect statement of
IL DINDING	Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	H in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
מש אישו	NK-THIS IS	should be star	it may be pro
THANGIN NESERVED FOR DINDING	TITH UNFADING IN	ully supplied. AGE	plain terms, so that
	Y, W	aref	H in

N. B.—WRITE PLAINL

V. S. No. 1

state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH 73(1)
25	CountyDorchester	Registration Dist. No. /
.00	Village or City East New Market (outside	
0		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
IA]	2. FULL NAME William S. Stanley	If U. S. Veteran, specify WAR
PHYSICIANS act statement	(a) Residence: No. East New Market, R.F.D.M (Usual place of abode)	
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Colored Married	21. DATE OF DEATH (Month) (Day) (Year)
A C T lassified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie L. Stanley	22. HEREBY CERTIFY, That lattended deceased from 19.3 G to Que 8 19.3 G
X T	6. DATE OF BIRTH (month, day, and year) June 22, 1880	I last saw he alive on about 2 neckeds again is said
	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 42
stated properl certifica	56 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER,	Topsome Inda caralles
	SAWYER, BOOKKEEPER, etc	and arteriosclerase
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
(T) 40	SAW MILL, BANK, etc	
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:
d. s, s((State or country)	A Section of the sect
plie rms nst	# 13. NAME Edward Stanley	V ₁₁
efully supplied in plain terms, int. See instru	13. NAME Edward Stanley 14. BIRTHPLACE (city or town) Dorchester Co.	Name of operation
lly S	(State or country) Md.	What test confirmed diagnosis? Was there an autopsy?
be carefully EATH in pla important.	15. MAIDEN NAME Mary Williams	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.	Accident, suicide, or homicide? Date of injury19
be AT mp		Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Minnie L. Stanley	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Should OF D	(Address) East New Market, Md.R.F.D. 18. BURIAL, CREMATION, OR REMOVAL	
[+] ON	PlaceE. N. Market, Md Date July 12,19 36	Manner of injury
mation s CAUSE TION is		24. Was disease or injury.
E O E	19. UNDERTAKER J. J. Framptom & Son (Address) Federal aburg. Md.	If so, specify
(20. FILED why 11, 1936 Chas W Hashings	(Signed) Houldest Tree M. D
	ZOUTILLO, CONTRACTOR OF THE PARTY OF THE PAR	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG & 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

(M)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County Coulest PORATE	Registration Dist. No. 116
Village or City Carehay	No. Maryland am St., Ward
Length of residence in city or town where death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Stilltam Man >	if U. S. Veteran, specify WAR
(a) Residence: No. 2000 stilled and	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word)	21. DATE OF DEATH 7 30
14 W Jungle	· (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22 [HEREBY CERTIFY, That attended deceased from
(OI) WIFE OI)/30 ,1936, to 7/30/ ,193
6. DATE OF BIRTH (month, day, and year) 1/30/36	I last saw h aliva on 2007 cm aco19 ; death is sain
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date steted ebova, atm.
ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,	5200
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL BANK atc.	success (s ras)
work was done, as SILK MILL, SAW MILL, BANK, atc.	Carrinh
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE City or town) Boules Co	
14. BIRTHPLACE City or town) (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
	23. If daeth was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?
Osta 2.1	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	Specify whethat injuly occurred in industri, in home, of in Poblic PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Combay My Data 50 , 1931	
19. UNDERTAKER Disposed of as been	24. Was disaasa or injury in any way ralatad to occupation of deceased?
(Addrass)	If so, spacify
20. FILED 7/30/, 1936 Johnson	(Signed) Johns M. (
Registrat.	(Address) Clearling Med
If thore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FERIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitid nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhade 1936	July 5,1927	Peritonitis	3 days ago	
Other contribute BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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). Every	SICIANS	atement	
OK!	HY	it st	
REC	(. P	Exac	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	E P	erly	Santo
SI	state	prop	diduca
HIS	pe	pe	30
NK-T	plnods	it may	m hool
I SNI	AGE	that	of come
UNFAD	pplied.	terms, s	MION is morning than inchance on healt of configuration
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W.	refi	I in	the company
INLY	be ca	EATE	in mo
PLA	plno	F D	22.00
LE	ı sh	E O	
-WRI	mation	CAUS	MOTIT
	_	-	,20

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE O	F DEATH				(124,2)	
	County	Dorche	ester			Registration Dist. No. 11	1
	Village or C	ity Secre	etary,	(out.	-side)	No. St	Ward
	Langth of resi	dence in city or town	n where death	occurred_2	(1i yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and indicated the	number)
2.	FULL NA			garet		If U. S. Veteran, specify WAR	
	(a) Residen	ce: No.	Secret	(Usual place	Md of abode)	St., Ward. If nonresident give city or town and	
		AL AND STA				MEDICAL CERTIFICATE OF DEATH	
3. SI	ex Female	4. COLOR OR RA			RIED, WIDOWED, (write tha word) 1 ed	July 14" (Month) (Day)	, 193.6
5a. l	f married, widow HUSBAND of					(103)	, and the
	(or) WIFE of	Geor	rge Tu	111	of the fire	22. I HEREBY CERTIFY, That I attended 4/30, 136, to 7/14	daceased from
6. D	ATE OF BIRTH	month, day, and yea	n De	c. 20	" 1869	I last saw h. La alive on 7/14 19 30	; death is said
7. A			nths	Days	If LESS than	to have occurred on the data stated above, at 7-25-R-M.	
	6	6 6	5	24	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of enset
NO	8. Trade, profes	sion, or particular ork dona, as SPINI	NER,	100000	wo sole		Date of ouset
A	9. Industry or	BOOKKEEPER, etc businass in which		louse-	WORK		
1	Work was	done, as SILK MIL L, BANK, etc	L,			Alpahis whoses	1936
OCCUPATION	10 Date dances	ad last worked at pation month and		11. Total ti spen occu	me (yaars) t in this pation Life_		
12. 1	BIRTHPLACE (cit		Dorche	ster	Co.	Other Contributory Causes of Importanca:	
2	13. NAME		nas Th	Omea	MU		
E	14. BIRTHPLACE			nester	Co.	Name of operation Date of	
FA	(Stata or				Md.	What test confirmed diagnosis? Was there an a	7
ER	15. MAIDEN NA	ME Sa	arah E	Brohaw	n	23. If death was due to external causes (VIOLENCE) fill in also tha following	
16. BIRTHPLACE (city or town) Dorchester Co.					Accident, suicide, or homicide? Date of Injury	, 19	
17. INFORMANT Mrs, Roy Shufelt, (Address) Secretary, Md.				t,	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL/	e) ACE.	
18. BURIAL, CREMATION, OR REMOVAL					Manner of injury		
Placa East New Marketgald July 17"1936			Md.Ju	ly17",1936	Nature of Injury		
19. UNDERTAKER J.J. Framptom & Son. (Address) Federalsburg, Md.			& Son	A	24. Was disaasa or Injury In any way related to occupation of decaased?		
	(Address)		·	6 6) /	If so, specify (Signed)	
20. F	FILED STATE	1.15., 1936	9 V	-6110	Registrar.	(Address) tederalities l	41

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred 2 How iong in U.S. if of foraign birth? 7 4 vrs. PHYSICIAN (Usual place of ab If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH LLL4. COLOR OR RACE 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) BINDING (Day) (Year) 5al If married, widowad, or divorcad HUSBAND of 22. TIFY. That + attended decaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months if LESS than to have occurred on the date stated above, at. Days 1 day, _____hrs. and related causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.____ NO RESERVED UPATI 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... may plnods 220 10. Data dacaased last worked at 11. Total tima (yaars) spent In this Mo this occupation (month and that occupation ... 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). (State or country) carefully MOTHER 15. MAIDEN NAME пi DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or ho (State or country) plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation CAUSI LION Nature of injur 24. Was disease or injury in any way related to occupation of deceased? V. S. No. If so, specify Registra (Address) be blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regient

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	11	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis C. C.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago	
AUG 4 V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.-

STATE	OF MARYLAND—	CERTIFICATE OF DEATH	7313
County Dorchester	a a 4 a	Registration Dist. No/	Mard
	e death occurred 45 yrs mos	death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. if of foraign birth?yrsyrs	t and number)mosds.
DEBCONAL AND CTATIC	(Usual place of abode)	If nonresident give city or tow	
PERSONAL AND STATIS 3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed	21. DATE OF DEATH (Month) (Day)	, 193 (
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Irene Vi		22. I HEREBY CERTIFY. That I atte	
7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 7. AGE Yaars Months 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 7. AGE Yaars Months 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 7. AGE Yaars Month	Days 17 17860 1785 than 1 day,hrs. 0rmin. 11. Total time (yaars) spent in this 0ccupation Delaware	to heve occurred on the date stated above, at 4-30 cm. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows: Chamila My acadelia Other Contributory Causes of Importence:	Date of one et
13. NAME Jackson V. 14. BIRTHPLACE (city or town)	neent Del	Name of operation Date What test confirmed diagnosis? Was then	e of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		23. If deeth was due to external causes (VIDLENCE) fill in also the fol Accidant, suicide, or homicide? Dete of Injury Whare did injury occur?	
Place Galestown Md	ips	(Specify city or town, county are Specify whether injury occurred in INDUSTRY, in HDME, or in PUBL Manner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of dacease if so, specify	IC PLACE.
20. FILED July 2 3, 19.76 Oh	es & Hostings	(Signad) (Address) Season As	м. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	7	Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Aug R 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

10	oulc	00		
iten	shi	Jo		
RD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC		
I KECO	Y. PH	Exact		
EKMANEN	EXACTL	classified.	å	The second second
SISAPI	stated I	properly	TION is very important. See instructions on back of certificate.	
HIS	pe	be	jo	ij
NK-T	should	it may	n back	
JUNG I	AGE	so that	ctions o	
UNFA	upplied.	terms,	e instru	
WITH	efully s	in plain	int. Se	
INLY,	be car	EATH	im ports	
E PLA	should	OF D	is very	
B.—WRITE PLAINLY, WITH UNFABING INK—THIS IS A PERMANENT RECORD. Every item of	mation	CAUSI	TION	

(Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT _____

19. UNDERTAKER ___

(Address)

Victoria W

Lewis H. Bayneum

Cambridge, Md.

Md. Deta 7/29/36 19

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Dorchester Registration Dist. No. Village or City Cambridge Fine Street (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidanca In city or town whara death occurred X yrs, X mos. X ds. How long in U.S. If of foreign birth? yrs, mos. ds. Oliver John Waters If U. S. Veteran, specify WAR. 2. FULL NAME 103 Pine Street (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. OR DIYORCED (write the word) male colored Single (Dev) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended daceased from Infant (or) WIFE of Not at all 19 to 19 1936 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than to have occurred on the date stated above, et _____. T:_m. Months Days 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance Stillborn or min. 8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc..... OCCUPATION Nane 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked et 11. Total tima (yaers) this occupetion (month and spent in this occupetion_ Other Cantributary Causes of Importanca: Cambridge. 12. BIRTHPLACE (city or town) (State or country) Maryland FATHER 13. NAME Fred Waters Hurlock 14. BIRTHPLACE (city or town)_ Neme of operation_____ (State or country) arvland. What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Victoria Lake 15. MAIDEN NAME MOTHE 23. If daeth was due to externel causes (VIOLENCE) fill in also the following: Bucktown Accident, suicide, or homicida?_______ Date of injury_______ 19 16. BIRTHPLACE (city or town) Mary Land.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury____ 24. Was disaase or injury In any way ralated to occupation of daceased? If so, spacify (Signed) Maryland.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage P. E	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 7315
1. PLACE OF DEATH	98-0
County Contestes WITHIN CORPOR	
Village or City	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long In U.S. if of foreign birth?mosd
2. FULL NAME Tales J. Wheel	If U. S. Veteran, specify WAR
(a) Residence: No. Joleyh St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PRACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Aulu
-Mele White OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of According to the second	22. The I HEREBY CERTIFY. Thet I ettended deceased from the state of t
2/27/1866	1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, et O. A.M.
70 5 7 1day,hr	was a fellows
8 Trade profession or particular	Date of onse
SAWYER, BOOKKEEPER, etc.	Ch. myrcarditis
S. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased last worked at this occupetion (month and spent in this	
yeer) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	Other Community Causes of Importance.
(State or country)	
13. NAME 15 har 16. If hadeles	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Date of Date
(Stete of Country)	What test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
man na wel e	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Date 8/1 - ,193	Neture of injury
19. UNDERTAKER 45 C C C C C C C C C C C C C C C C C C	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED 7 - 31, 136 January	(Signed) M. M. M.
Registrar If more blanks are needed, address State Registra	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	73	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 4 1330	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- 1 1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 7316
1. PLACE OF DEATH	(13)
County Dachester	Registration Dist. No. //6
Village or City	No. St, War
	(If death occurred in a horpital or institution, give its NAME in lead of street and number)
E O N'	794
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Les 13 10%
secate Whata Hilanud	(Month) (Day) (Yaar)
. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Late January H. Hieles	22. I HEREBY CERTIFY, That I attended decassed fro
7/./10-01	() 12/1931
DATE OF BIRTH (month, day, and year)	I fast saw h alive on fully 30 , 19 ; death is sa
AGE Years Months Days If LESS then	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	A. A
SAWYER, BOOKKEEPER, etc.	Chebral Upopleyy for 11,
9. Industry or business in which work was done as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, atc	- Typerteusine Cardio Truscular
10. Date decaased last worked at this occupation (month and spent in this	Treval disease
year) occupation	Other Contributory Causes of Importanca:
BIRTHPLACE (city or town)	Other Countries of Importance.
(State or country)	
13. NAME Joseph Le Compte	
() De. 1 + 0.	long o
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of Data
0.	What test confirmed diagnosis? Claused Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
(State or country)	Whara did injury occur? (Specify city or town, county and State)
INFORMANT MAD James Comment	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Carely me	•
BURIAL, CREMATION, OR REMOVAL	Mannar of Injury work
Place and Mend make March 7/15 , 196	Natura of Injury
4560	
O. UNDERTAKER	24. Was disease or injury in any way releted to occupation of deceased?
(Addrass)	If so, specify
0. FILED 7-15- 136 John mace of	(Signad) M.
Registra.	(Address) (ausbrigg Wed.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CEIVEU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 4 1936			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR FURTHER	STATEMENTS BY	PHYSICIAN	

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-Every item of infor-IS A PERMANENT RECORD. stated EXACTLY. properly classified. certificate. AGE should be pe See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAI

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DE		ester		90
County	Joseph	escy		Registration Dist. No. 116
Village or City	Cambri		3	No. Washington Street St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in			yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME		hua Wil	TTSMS	it U. S. Veteran, specify WAR
(a) Residence: No.	Cam	bridge (Usual place	Md. Wash	inston Stard. If nonresident give city or town and State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or di HUSBAND of (or) WIFE of Geg	vorced etrude Ma	ay Stanl	ey	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, d				I last/saw hand alive on 4, 19 36; death is sai
7. AGE Yeers	Months	Deys	If LESS than 1 dey,hrs.	to Veve occurred on the date steted above at
21	3	15	ormin.	were as follows:
8. Trade, protession, or kind of work don SAWYER, BOOKK	e, es SPINNER, EEPER, etc.			Levicanditis; pendent efficien In
kind of work done, es SPINNER, Laborer SAWYER, BOOKKEPER, etc. Laborer Jindustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 6/15/ 11. Total time (years) this occumentage month and 6/15/ spendin this comments and 15 miles of the second				(Cause untrolown) 1 /193
10. Date deceased last worked at 6/15/ this occupation (month and 6/15/ spent in this 3 occupation 36				
12. BIRTHPLACE (city or town) Pittsville, (State or country) Maryland.				Other Contributory Causes of importence:
13. NAME Jes	remiah W	illiams		
HA BIRTHPLACE (city or (State or country)	town)	irginia		Name of operetion exi Cardio Joney Date of suce 30,
	Hattie I			What test confirmed diagnosis were there en eutopsy?
16. BIRTHPLACE (city or	town)			23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? 19
S (State or country) Virginia 17. INFORMANT Allen Stanley				Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lagt	New Mar	cket Md		
(Address) East New Market, Md., 18. BURIAL, CREMATION, OR REMOVAL PlaceThompsonstown, Md Gate. July 7th1936.				Manner of injury
	H.Willow		Ma	24. Was disease or injury in any way related to occupation of deceased?
77 15 175	1 1	us m	oul	(Signed) Toyle M. faw M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TOECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage AUG 4 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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DING	
A	
1	

	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
CE OF	DEATH				

County Co	1	1. PLACE OF DEATH	73	18
Village or City	/ 1	County Das Chester	Registration Dist. No.	0
Length of residence in city or town where death occurred. 2. FULL NAME 2. FULL NAME (a) Residence: No. 2. 9. 4. J.	1		Neambridge-Md. Hospitals	Ward
2. FULL NAME (a) Residence: No. 20 4 (Usunyface of abode) PERSONAL AND STATISTICAL FARTICULARS 3. SEX 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, Cent the word So. It matried, widowed, or diverced (a) Wife of Theorem Country So. It matried, widowed, or diverced (a) Wife of Theorem Country So. It matried, widowed, or diverced (a) Wife of Theorem Country So. It matried, widowed, or diverced (a) Wife of Theorem Country So. It matried, widowed, or diverced (a) Wife of Theorem Country (b) Days It LESS than if the country of the country So. It matried, without a sex of the country So. It mat		Length of residence in city or town where death assured 33	death occurred in a hospital of institution, give its NAME instead of street and number	1)
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Registrar. (Address) (Address) 201	2/-			
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritts CFIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
AUG 4 1936				
Other contributory causes of importance.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH

7210

County Dorchester Village or City East New Market R.F.D. Village or City East New Market R.F.D. (If death occurred in a hospital by institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 5 yrs. mos. ds. Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? If U.S. Veteran, specify WAR (a) Residence: NoEast New Mct R.E.D. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (Usual place of abode) Male 4. COLOR OR RACE (Usual place of abode) Married (White Augusta Eisenberg 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) Male 4. COLOR OR RACE (Day) 1. DATE OF DEATH 2. DATE OF DEATH 3. Let Refer by Certify, That I attended deceased from 193 3 to 193 (death is said to have occurred on the date stated above, allowed. 30 Pm M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 1. DATE OF DEATH and related causes of importance were as follows: 1. DATE OF DEATH and related causes of importance were as follows: 2. DATE OF DEATH and related causes of importance were as follows:	1 PLACE OF PEATU	IMAKI	LAIND	CERTIFICATE OF BEATT
Village or City_East New Market R.F.D. No	1. PLACE OF DEATH	•		(31)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? War. Do. If u.S. Veteran, specify war. Do. If u.S. Ve				Registration Dist. No. 116
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME William Carl Wulf (a) Residence: NoEast New Mkt R.E.D. St., WWd. (a) Residence: NoEast New Mkt R.E.D. St., WWd. (b) St., WWd. (c) St., Wwd. (d) Medical city of town and State MEDICAL CERTIFICATE OF DEATH (d) St., Wwd. (d) Medical city of town and State MEDICAL CERTIFICATE OF DEATH (d) St., Wwd. (d) Medical city of town and State MEDICAL CERTIFICATE OF DEATH (d) St., Wwd. (Day) (Pear) (e) St., Wwd. (Day) (Pear) St., Wwd. St.	Village or City East New M	arket R	.F.D.	No. St., Ward
(a) Residence: NoEast New Mkt R. E. D. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White OR DIVORCED (write the word) Married, widowed, or divorced HUSBAND of Augusta Eisenberg 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. Date of DEATH 1 last saw hours alive on particular to have occurred on the date stated above, at 20 Rms Me The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of grant Me The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of grant Me The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of grant Me The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			yrsmos	
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SAWYER, BODKREEPER, 81C.	SAWYER, BODKKEEPER, etc	etired		
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(State or country)		iany		M. Aug relation
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13. NAME Balthazen Wulp 14. BIRTHPLACE (city or town) Germany Name of operation No we Date of	E Germ	าลทบ		Name of operation 110 was Date of
A BIRTHPLACE (city or town) Catalogor country) What test confirmed diagnosis? Was there an autopsy?	(State or country)			
	15 MAIDEN NAME Empline H	TATE		
	Comm			Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Germany Accident, suicide, or homicide? Will Land Date of injury 19 Where did injury occur?	(State or country)	ISTLY		
(Specify city or town, county and State)				(Specify city or town, county and State)
17. INFORMANT Mrs Wm C. Wulder Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Fost New Mkt. R.F.D. Md.	17. INFORMANT Mrs Wm C. W	ulp.	16.5	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fest New Mkt. R.F.D Md. 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nave	18. BURIAL CREMATION, DR REMOVAL	te Hallet	INI U.	Mannar of Injury VA 001. 0
Placast New Mkt. Md Date 7/6/36.1936 Nature of Injury Nove		Date 7/6	136-1934	
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Cambridge, Md. 7/ CO. 16 (Signed) (1) Wile Al-Taux	(Address) Granville S.	TO COMP		
20. FILED 1.1. 4. 19.36 H- 8.0 Willes	Cambridge. M		Paris	If so, specify
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Cambridge. M		Paulses Registrar.	(Signed) M. D. (Address) Meurola Mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPAof infor 1. PLACE OF DEATH County Dorchester plnods Registration Dist. No. No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred. __yrs.____ds. How long In U.S. if of foreign birth? statement 2. FULL NAME If U. S. Veteran, specify WAR 3300 (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) classified. 5e. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I attended deceesed from (or) WIFE of A 1936 to Jul EX certificate. 6. DATE OF BIRTH (month, dey, end yeer) properly 7. AGE If LESS than Months to have occurred on the dete stated above, at __ &_ Davs stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence or min. Date of onset 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ be Jo 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.____ it may back pluods 10. Date deceased last worked at 11. Totel time (years) on this occupation (month end spent in this that occupation _____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (Stete or country) supplied. terms, FATHER 13. NAME See Neme of operation plain 14. BIRTHPLACE (city or town) (Stete or country) carefully What test confirmed diagnosis?. Wes there an autopsy?. MOTHER important. 15. MAIDEN NAME in 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT .. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Menner of injury S CAUSE mation LION Nature of Injury. 24. Wes disease or injury in any wey releted to occupation of deceased?_____ 19. UNDERTAKER (Address) If so, specify B (Address) _ D Quante Registrar If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage AIIG 4 1930	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 If more blanks are needed, address State Registrar, 2411 N. Che

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